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NOT BOUND TO SWEAR TO THE DOGMAS OF ANY MASTER.

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ORIGINAL COMMUNICATIONS.

NECESSITY OF PUBLIC ENLIGHTENMENT AS REGARDS CERTAIN OCULAR AFFECTION.

LECTURE DELIVERED IN CAL. MEDICAL COLLEGE, BY F. CORNWALL, M. D.

LADIES AND GENTLEMAN: It shall be my purpose, in speaking to you upon this subject, to avoid the technicalities of the science as much as possible, and to treat upon it in a manner that can be understood by those outside of our profession. Within the last decade, has been developed, the greater part of useful knowledge of which we are possessed concerning this very important organ, the eye; so that conditions which in ages passed, were ignored, or considered incurable, are now remedied, or cured, with great certainty.

The people have become imbued with the erroneous teachings of the profession, until it becomes our duty, and rightful one we acknowledge, to correct those errors, and to enlighten them in regard to the proper uses, and abuses of the organs of sight and hearing. It is a part of the daily labor of the oculist or aurist, to overcome these false notions which have been imbibed from the ignorance of the past, and which are held to—in too many cases—as tenaciously as did our grandmothers to the belief in witchcraft. This is not to be wondered at when we consider that the erudite doctors of the

past have labored just as ardently in implanting these errors as we of this generation do in trying to correct them.

To a person who is informed upon this subject, the amount of cruelty and neglect which have been perpetrated upon the youth of civilized countries of this and preceding generations, on account of this lack of knowledge, is startling. This applies, with more or less force, to all communities which have suffered from ignorance of the natural laws which govern our being; but of this it is not our province to speak.

The eye-ball is situated in the orbit, or bony cavity in the front part of the face, is acted upon by a number of muscles which rotate it in any way in which we wish to look, and is almost a sphere in shape when ideally perfect. It is a fact, however, that very few persons possess eye-balls which are mathematically correct as optical instruments; some being too long, from before backwards, and some too short.

The eye, as an optical instrument, more nearly resembles a photographer's camera than any other. "As this when properly adjusted, produces upon its glass screen defined inverted images of the objects to which its lens is directed, so the refracting media of the eye should produce defined inverted images upon the layer of rods and cones of the retina; and the whole of its mechanism may be regarded as subservient to this end."

"The majority of persons are rendered conscious of the possession of eyes only by the continual reception of clear images from the object at which they look, whether they are near or remote. The minority, and that not an inconsiderable one, either enjoy clear vision only under certain limitations with regard to distance, or use their eyes by an effort which is always perceptible, soon irksome and finally painful or fatiguing. Some people can see clearly only a few inches before them; others only for a range extending from an arms-length to the horizon; others who may be wholly free from disease have not perfect vision at any distance, and yet are often unconscious of the defect under which they labor. In the meanwhile, in the public estimation, one eye is as good as

another; and although it is manifest that the differences above mentioned must greatly influence the fitness of individuals for this or that vocation in life, yet we scarcely ever hear of these differences being taken into account in the training of children, or in the choice of professions for young men. It is quite common for a child with defective eyes to be repeatedly punished, both at school and at home, for errors which he is unable to explain or avoid; and there are numbers of people in the world who, by the continual operation of such ignorance or thoughtlessness in their more mature years, are tied to occupations which are to them continual sources of discomfort, and sometimes sources of danger."

"The mere structural imperfections of healthy eyes are matters which require, both from the medical profession and from the public, a greater degree of attention than they have hitherto generally received. The peculiarities of the organs as optical instruments have tended to place them outside the boundaries of ordinary physiological research; and, hence during many years, optical philosophers unacquainted with physiology were suffered to build up a fanciful structure, composed of hypotheses at once ingenious and erroneous with regard to the nature and uses of the several parts of the eye, and with regard to the degree of physical perfection which it usually attains."*

There are various theories accounting for the fact that we see images erect, when they really are photographed upon the retina inverted; but however rational this seems they all fail in being incontrovertable.

We have spoken of eyeballs being too short or too long for the focus of their optical media. There is still another condition of the eyeball in which the cornea and crystalline lens does not refract light the same in its principal diameters; and as a consequence light is not brought to a focus upon the retina. In this condition a very imperfect image is perceived by an individual who is, therefore, destined to go through life partially blind, and almost totally incapacitated for employ-

*Carter on the Eye.

ment requiring prolonged acuteness of vision. We will then, in order to make plain why these ocular defects have so important an influence upon vision, endeavor to explain of what these three conditions consist.

We have, 1st, The eye ball too long. 2d, The eye ball too short. 3d The medium which refracts, or focuses, light upon the retina so different in the curvature of its diameters that a focus is with difficulty, and sometimes not possibly produced.

In order to understand the simplest principles of this question you must know what refraction is, or at least know that rays of light which pass through a convex lens will be brought to a focus at a lesser or greater distance from it, according as there is a lesser or greater degree of curvature of its surfaces. Granted that this is understood, we will take the case of the eyeball which is too long. You can readily see that if the cornea and lens (or refracting media) have a natural curvature, that rays of light will come to a point anterior to the retina; or in other words that a focus will be formed in front of the retina. How can this individual see, and how much can he see?

It is a known property of light that after rays have been refracted to a point they will cross each other without changing the course of any separate ray and, consequently, produce a re-divergence. There is then in the case before us, a circle of diffusion formed upon the retina; and of course, imperfect perception of objects by the individual. This condition is what is called myopia, or short-sightedness, why called short-sightedness? Because, when objects are brought very near to the eye the focus is thrown farther back. This involves another principle of refraction, viz.: that distant objects or luminous points, produce parallel rays; while near ones produce divergent rays. It can readily be understood why parallel rays are brought to a focus sooner than divergent ones, or why it would take a stronger refracting lens to bring divergent rays to a point than parallel ones, as the divergent rays would have to be refracted or bent at a greater angle than the parallel rays. Then, the nearer an object is

brought to our eye, the more divergent the rays, and the greater the focal distance behind the lens. What then is the remedy for myopia? As the lens (or refracting media) has too great a convexity—too great a focal power—for the length of the eyeball, we will simply place a concave glass in front of the eye which will unite parallel rays upon the retina, whereby normal vision may be obtained.

We will now take the second case, in which the eyeball is too short. As in the case of myopia, we will consider the refracting power of the cornea and lens normal, and on account of a lack of development of the ball, that its antero-posterior diameter is abnormally short. What then will be the consequence? Rays will not be brought to a point upon the retina, the focus falling behind it. Of course, there is no focus formed but we say theoretically that it falls behind the retina for the sake of convenience.

This condition is called hypermetropia or far-sightedness. Such persons see best at a distance, and can help themselves more than the myope (or short-sighted person). This is accomplished by what is called *accommodation*. The eye, by the action of its ciliary muscle, is capable of shortening the focal distance of its lens, so that, as objects are brought nearer to the eye, they can still be focused upon its retina. It must be remembered, that this abnormally short eye never sees anything, at any distance, only by the contraction of this muscle; while the normal eye uses it only for the near point.

Moderate degrees of hypermetropia do not interfere with good vision, particularly in youth when the range of accommodation is great, but when the school days come the eyes suffer from the extra muscular strain required for continual accommodation, and give out. I repeat; the normal eye, when looking at distant objects, requires no muscular effort whatever, but the eye which is too short (hypermetropia) cannot see clearly at all without accommodating; consequently it has no rest, and when called upon to perceive near objects, it has to add to the effort already required, that which the

normal uses for near objects. Sooner or later, according to the amount the eye is used for near objects, such as reading, it must fail to maintain the muscular contraction. A set of symptoms now supervene, such as weariness, dazzling sensations, pain, congestion of edge of lids, irritation or inflammation of conjunctiva, etc., etc. Cross-eye, or squint, is more frequently a result of hypermetropia than of any or all other causes. Hypermetropic children are frequently punished for their stupidity, as they see as well as any one for a short time, so that when they cease to read they are thought to be feigning. In high degrees of hypermetropia (the ball very short) there is an inability to accommodate sufficiently to get a focus upon the retina, even for distant objects, and consequently the individual who possesses such eyes is nearly blind. The doctors, of the olden time, used to call this condition *amblyopia*, meaning bad vision, but had no remedy for it. We now correct it with convex glasses which will shorten the focal distance of the *dioptric media* sufficiently to unite parallel rays upon the retina. A great portion of the ocular disturbances which afflict civilized mankind can be directly or indirectly attributed to this structure of the eyeball.

The third condition of which I spoke is more intricate, and difficult to explain, but it is to be hoped the main principles can be sufficiently elucidated so that you can obtain a fair conception of it. A practical knowledge of the subject can only be had, after years of application to the practical details of the art; but inasmuch as you will not be expected to do such work, it will suffice that you know of the existence of the abnormality, and the necessity of its correction. You all know that rays of light which are caused to pass through a convex lens are refracted to a point, and the greater the convexity of the lens the sooner the rays will unite after passing through it. Now, we will suppose that we have a lens, the curvature of which is greater in one of its principal diameters than in the other; what will be the result? In the diameter in which the curvature is the greater the rays will be brought together sooner

than in the other. Holding such a lens so that rays of light from some luminous object will pass through it; and placing a screen in a position so that the rays from the diameter which has the greater curvature will be united upon it; you will find that the rays from the diameter which has the lesser curvature will form a line or oval figure on the screen. Should the screen be moved further from the lens so as to bring the rays to a point from the diameter of the lesser curvature, there will be a diffusion, or divergence of the diameter of the greater curvature, producing, as before, a line upon the screen which is always perpendicular to the first.

This is, substantially, the condition of an eye of the third class, and you can readily see that it would be possessed of very poor visual power. To correct this anomaly a glass called a cylindric should be employed. This glass is, as its name implies, curved in one principal diameter but not in the one perpendicular to it; so that it refracts rays in one diameter but not in the other, and may be convex or concave. In the diameter of the eye in which the optical media has too much curvature, place a cylindrical glass of the opposite curvature of sufficient strength to neutralize it, and you will have corrected the ocular defect, and have enabled your patient to see. This condition of the eye is called astigmatism.

It is not more than thirty years since that the most enlightened of us were content to establish the fact whether or not a person could see. Persons afflicted with ocular disturbances were placed in two classes, viz.: amblyopia—where the patient saw nothing and the physician saw something. Amaurosis—where the patient saw nothing, and the physician saw nothing.

There was nothing known, by physician or physicist, in regard to refraction or accommodation, and as a consequence, when there was an attempt to make use of spectacles they were very often of the greatest harm to the eyes of the wearer. Within our own times, has been discovered and worked out the laws which govern refraction and accommodation, so that

we are enabled to apply them to the demand of practice. This work was accomplished by a renowned physiologist of Utrecht, Donders, and has been extensively enlarged upon by many others within the medical profession. As a result of these labors we have the ophthalmoscope, by which we are enabled to survey the inner parts of the eye; and also to measure with more or less accuracy its refractive condition. Snellen gave us in the test types, the first scientific method for determining the acuteness of vision.

There are many other methods by which we determine with great accuracy the causes of the different affections of the eye and all seem very simple to us now that we know them; but without them we would indeed be in darkness.

I spoke to you, in the beginning of this lecture, of the cruelty and neglect perpetrated upon the youth of this and the preceding generations as a result of the ignorance of the laws which govern vision. It may seem strange to you why it should apply to these generations, more than others. I shall endeavor to explain. It depends altogether upon the uses to which the visual organs are put whether they will suffer from these defects of structure, or not. In the primitive conditions of mankind, the uses made of these organs were not much different from that of brutes, and consequently only one in a thousand would suffer from these anomalies; but as civilization advanced and reading became general, and the number of fine artisans multiplied by the thousand, there was demanded of the eye a new use. Preceding this, and the generation before us, education was not general, being confined to the wealthy or titled portion of communities. It is presumable that the lower animals suffer from refractive errors. We have evidence of this, particularly in the horse, judging from the difference in their visual acuteness. The myopic horse cannot see well at a distance, while the astigmatic-horse would have objects more or less distorted to his vision. Hence, some horses have the habit of shying, or becoming easily frightened at objects which others look at without the least alarm. How often is it that these poor

brutes are beaten for their defects, and how cruel it is that we in our ignorance permit such things. We, the more enlightened of us, have just passed through the age of punishing our children for their dumbness, as we called it, and the next step should be to cease to punish, for similar defects, our faithful servant, the horse.

In conclusion of this subject I would say, that should ever a patron of yours through ignorance, vanity, or any other unworthy motive, refuse to have a child of his who is suffering from refractive troubles which need correction, wear spectacles, you should reproach him in the severest manner. No parent, however ignorant, has the right to let his child suffer for the lack of correct vision during its youth when first impressions are being made, which have so much to do with moulding the character and disposition of the future individual. No parent should be permitted to be so vilely criminal that he would through neglect and indifference see his child go blind when the remedy is proffered and accessible. Sins of omission are as bad as those of commission, when the law with its penalties is known. The mother after being informed of the truth in a case of this kind, has the same right to tear from their sockets the eyes of her child, as she has to refuse to accept means which, in a measure prevent a similar result—*blindness*. As I have previously remarked, we are the educators of this age in these matters, and are responsible for the measure of our success.

ECLECTICISM IN MEDICINE—ITS PRINCIPLES, PRACTICE, CHARACTERISTICS AND PROGRESS.

BY A. W. BIXBY, M. D., OAKLAND, CAL.

ECLECTIC Physicians are often called upon to answer the enquiries, "What is Eclecticism in medicine?" "What are the fundamental characteristics and principles of the Eclectic School of Medicine?" and others of a similar import.

OBJECTS OF THE INTERROGATIONS.

Such inquiries are usually made by the intelligent, edu-

cated, thinking people with whom Eclectics come in contact in business, socially and professionally. The interrogators, in many instances, have witnessed the extraordinary success and the confidence with which Eclectics treat even the graver forms of disease. They recognize the fact that every effect must have a cause, and therefore desire to know the source of this marked success. Others are prompted to their inquiries because they know but little about the Eclectic system of medicine, either practically or theoretically, but wish to become familiar with its fundamental principles that they may be able to intelligently form an opinion of its merits. The desires and designs of all such interrogators are certainly commendable.

WHY THIS PAMPHLET IS PRESENTED.

This is an age of thought, investigation and progression, and the desire to become acquainted with and understand this system of medicine, its principles and methods, is practically universal. This is so from the fact that every person is liable to need the services of a physician at some period of his existence, when he, or one who is near and dear to him, lies sick, hovering near the vestibule of another world. It is at such critical epochs that it is of great moment to him to be able to select a physician who is versed in the best methods of prolonging mortal life and restoring the suffering body to health again. Hence, in view of these reasons, and the further facts that Eclectics and their system of medical practice have been misunderstood or misrepresented by those whose interests lay in other directions, this tribute to truth is presented, setting forth briefly, some of the facts, characteristics and principles of the Eclectic School of Medicine.

MEANING OF THE TERM ECLECTIC.

The term Eclectic signifies *choosing*; and the medical school bearing this name exercises the right to choose their remedies and means of cure in the broadest sense from all the schools and all sources.

BASIS OF CHOICE.

In making choice of the remedies thought to be best, the votaries of eclecticism are governed by the following Eclectic principles:

1. *Disease is an impairment of vitality, wherever met or in whatever form manifested.*

2. *All causes of disease are depressing, and while they exist lower vital force.*

And from these principles the following corollary is derived:

All agents or means used in the treatment of a disease should act in one or both of two ways:

1. *By removing the depressing causes.*

2. *By increasing the vital powers for the better resistance and for the subsequent restoration of structure and function.*

Hence, in their selection of remedies and means, those that strengthen vitality and remove the depressing causes are chosen. Guided by this irrefutable principle of impairment of life in all diseases, they discard all those agents and means that have been so long used, and known as antiphlogistics, and which in past time sent so many prematurely to another world. Reference is made to the depletive, prostrative methods, such as bleeding, the use of mercury, antimony, etc., and the *abuse* of cathartics, emetics, diaphoretics and duretics.

While Eclectics object to the killing of the sick by blood-letting, mercurials and antimony, they go still further, and object to any other means that act upon the same principle, thereby impairing the power of vital resistance of disease and of restoration.

Before the promulgation of this doctrine of impairment in disease by the Eclectic school, these depressing, depleting, devitalizing agencies were the principal means used in the treatment of disease.

Many of the older people now living can well remember how extensively these barbarous means were resorted to and the dire results. They have a vivid recollection of how the sick were bled, *purged*, vomited, mercurialized, prostrated,

and how they were hurried into their graves, or, in many instances, were left invalids for life.

There are many medical men, even to-day, who still follow some of those prostrative methods; but Eclectics select those agents that aid the efforts of Nature, instead of those that paralyze and cripple them.

BASIS OF ECLECTICISM.

Eclecticism is based upon the laws of physiology, pathology and clinical observation. The human body is a wonderful combination of vital mechanism. It is composed of a large number of organs and systems of organs, each performing a distinct function, and in a state of health all acting in harmony, carrying on the processes of life. The brain, lungs, heart, liver, stomach, skin, kidneys, mucous membranes, serous membranes, osseous structure, muscular system, as well as every other tissue or part of the entire body, perform a special function. In health this organic or functional action referred to is uniform and definite. But when affected with disease, this is not so. Hence, Eclecticism enjoins upon its votaries a careful study of every function of the organism in a state of health and in a state of disease.

MANIFESTATION OF DISEASE AND THE ACTION OF REMEDIES.

This school of medicine teaches that disease always manifests itself in one of three ways, namely: "*excess, defect or perversion*"—too much action, too little action or wrong action of some one organ or system of organs. This is so in all cases, whether the disease is of a small part of the body, or includes the entire organic structure. They also teach the doctrine that remedial agents have affinities for certain organs or tissues upon which they have a direct action, and at the same time upon others indirectly. Therefore, in the selection of remedies and means, they choose those which act upon the organ affected, and that oppose the morbid condition existing. If there is too much action of an organ, the remedy that will lessen the action is selected; if too little action, the remedy that will increase the action; and if wrong action, the remedy that will correct the perversion. In this way, the

organism is aided back to a normal condition.

CERTAINTY OF THE ACTION OF MEDICINES.

For centuries the dogma of the uncertainty of medicines had been taught, and the medical man who had the temerity to contradict this musty old idea of the cycling ages was read out of the profession by the would-be leaders, as was Sir William Harvey, for asserting that "the blood circulated in the human system." (Some physicians hold to the dogma of the uncertainty of medicines yet.)

It was admitted that law held dominion in every other field of human endeavor except the profession of medicine; but here chance must reign supreme, because musty volumes and antiquity so announced. And thus was medical progress retarded through the ages by the chains of ignorance, bigotry and intolerance.

But at last the Eclectic school of medicine has exploded that mythical doctrine of idiosyncratic uncertainty, and to-day teach in their colleges and text-books, and demonstrate by their practice, the direct, positive, certain action of remedial agents upon the human organism. With Eclectics, the certitude of medicines and a specific, definite medication are established facts, and underlie vital principles of their system of rational medicine.

These facts have been established and principles evolved by a vast amount of labor in the way of a re-study of the materia medica of all the schools, and by the proving and introduction of many new remedies not before understood or used. This re-study and these provings have been made under the light of and in accordance with the new doctrines of disease, as enunciated heretofore.

CHARACTERISTICS OF ECLECTIC VOTARIES.

Eclectics, as men and physicians, abound in energy and independence of thought. They dare to think, to investigate and to follow wherever truth may lead, regardless of creeds or sects. They are liberal, progressive and cheerfully grant to every man and physician, of whatever school, the same

privileges and liberties that they wish to enjoy themselves. They make no discrimination against any physician because he belongs to or teaches another system of medicine, but meet with candor and fairness, in consultation or otherwise, the gentlemanly, educated physician of any school.

It is true, that sometimes they are impelled to make war on some old methods and theories of other schools and other men in the interest of truth; but they do this only in the way of incisive logic and the presentation of pitiless facts.

They believe that bigotry and intolerance should pass into the shades of oblivion, along with the lancet, antimony and mercury—along with the use of all depressant treatment, and along with the olden time, indirect, indefinite medication.

They ask no legislative body to pass laws that will grant them an advantage over other schools. They are willing for the public—for suffering humanity—to judge of their merits, and also believe in the doctrine of the “survival of the fittest.” Under this legitimate and rational test, the spread and advance of their philosophy has been amazingly great.

PROGRESS OF ECLECTICISM.

Thirty years ago there was only now and then an Eclectic physician in the medical field, but they are now numbered by thousands. They have become, as medical practitioners quite popular, and to-day a bright galaxy of scholars, philosophers, and philanthropists are devoting their life energies to the study and practice of Eclectic medicine and surgery.

Their medical colleges are becoming numerous, and their written volumes on the various branches of medical science and art adorn the libraries of the *most successful practitioners* wherever they may be found.

BUILT UP BY THE BACONIAN SYSTEM OF LOGIC.

This system of medicine has been evolved and builded into a scientific art by the inductive method of reasoning. Every fact has been confirmed by repeated experimentation, and every principle verified by the crucial tests of repeated observation and analyzation. Its archives of knowledge have

been increased by a faithful, critical study of all the systems of medicine and choosing such agents and means as have been proven to be useful, wherever found.

WHY THIS SCHOOL WAS FOUNDED.

Eclectics, in making their survey of the medical field of literature, saw much to condemn as well as much to treasure up in all of the medical schools and systems. Hence, they chose to found a system of medical practice on a new basis, in which no "one-idea *pathy*" should govern. They claim that no one should be so bound up in theory or *pathy* as not to receive truth by whomsoever presented, or in whatever school existing; and that progress should ever be the aim.

NOT CREED-BOUND.

Their college faculties and medical societies administer no Hippocratic oaths, nor do they ask a candidate for admission or graduation, "by what school have you been taught?—by the Allopathic, Homœopathic or Eclectic?" But instead of such creed-bound inquiries, they ask, "What do you know? What proficiency have you acquired in the various branches of medical science? What are your merits?" Such questions are asked by implication, and the applicant's knowledge, proficiency and merits determined by an examination, regardless of schools.

MODE AND SUCCESS OF TREATMENT.

Eclectics have endeavored to extract the sweetness and excellence of homœopathy, the efficiency of allopathy and the good of all the other pathies and the botanic system of medicine, and also *claim to have made many new discoveries of their own.*

Their achievements in this direction have been, indeed, wonderful. Their principles being the laws of nature in some of her manifold manifestations, they never change; but their methods of practice have materially changed, and for the better; and as the hidden mysteries of nature still continue to be revealed by scientific study and research, they may still further change for the best.

Their present mode of treating disease is pleasant, direct, positive and efficient, and they claim, and statistics will show, that a less percentage of deaths follows their treatment than follows the treatment of any other school of medicine.

ORIGIN AND PRESENT STATUS OF ECLECTICISM.

The Eclectic System of Medicine had its origin in free America—developed amidst the free institutions of American genius, where men have learned to think, unfettered by ancient and mediæval authority. It sprung up and has developed under the full blaze of the scientific light of the nineteenth century.

At times it has met with violent opposition from those who were wedded to old ideas, theories and methods. The same fossilized opposition that with such fearful force hurled itself against Galileo, that endeavored to paralyze Sir William Harvey, Fulton and Morse, also tried to throttle Eclecticism in its infancy; but Eclecticism, with its glittering facts, its incisive, unanswerable logic, and its irrefutable philosophy, possessed such an irrepressible vitality, that it hurled back the besetting foe, and bounded onward and upward, and to-day manifests itself in its peerlessness—potential, liberal, progressive—a true representative science of American genius and civilization.

EDITORIAL.

JUNE MEETING.

WE hope we shall have a large attendance at our meeting in June. Every Eclectic physician in this State should attend those meetings. No man need be ashamed of being an eclectic. No man need be ashamed of advocating truth. The profession is adopting our views of practice and ethics. Eclecticism is flourishing. Our colleges are multiplying. Our influence and usefulness are increasing. The time is not far distant when the fossilized ethetical Allopaths will be left alone as monuments of ignorance and bigotry. Let us come together

and compare what we have discovered that is new and useful.

Our society is in a flourishing condition. Whatever differences of opinion may have existed is a matter of the past. Each member should now act as if the success of Eclecticism depended on him individually. Bring along papers, essays, and reports that shall contribute to the interest of the society.

A new legislature is to be elected this year. It is possible our friends may be disposed to legislate for us. We want to take a hand in the political deal ourselves. We want to consult together and adopt Jay Gould's plan, who declared that he was a republican in a republican district, and a democrat in a democratic district, but always a railroad man. Whatever our politics may be, we should always be Eclectics, and support men that would advocate our interests.

Next month we shall publish a programme and hope our friends will furnish us without delay the title of such articles as they intend to present. Let us have a lively meeting, a meeting worthy of progressive men.

SELECTIONS.

ON THE TREATMENT OF SOME FORMS OF INTESTINAL OBSTRUCTION BY OPIUM.

BY PROFESSOR GEORGE E. POST, M. D.,

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INTESTINAL obstruction may be divided into two kinds, *chronic* and *acute*. The *chronic* sort may be produced by the pressure of abdominal tumors causing difficulty in the passage of the intestinal contents, increasing with growth of the tumors, as is often observed in ovarian, uterine, and mesenteric growths, as also in some spinal and pelvic abscesses, and in malpositions of the uterus. Or it may be caused by cancer of the gut itself, producing stricture which finally renders it impervious. Or it may result from inflammatory adhesions and bands, which impede the natural peristaltic motions, or prevent the passage of scybala or even soft fæces.

Acute obstruction results from a number of causes: 1, Foreign indigestible bodies impacted in any portion of the bowel; 2, internal strangulated hernia; 3, external strangulated hernia; 4, swelling of the ileocaecal valve to such an extent as to impede the passage of the fæces; 5, invagination of the ileum in the colon, or a part of the colon in another part; 6, spasmodic contraction. Each of these has its special mode of treatment.

1. *Foreign indigestible bodies*.—These are generally fecal masses which commonly collect in the descending colon and rectum, and may be best combated by drastic cathartics, injections, and breaking up the impacted fæces with the handle of a spoon or the finger.

2. *Internal strangulated hernia*.—The diagnosis of this state is a matter of extreme difficulty, but if made out, the treatment must be opening the abdomen and releasing the strangulated gut.

3. *External strangulated hernia*.—If the taxis should not prove sufficient, two courses of treatment are open to the surgeon: 1, If the symptoms are urgent, and the patient and his friends consent to the operation, herniotomy is the proper procedure; 2, in a considerable number of cases, however, the symptoms are moderate, *i. e.*, there is little or no vomiting, the pulse is but slightly or not at all accelerated, the temperature remains nearly or quite normal, or in the contrary case, the patient or his family do not consent to an operation. In such cases cathartics not infrequently aggravate the trouble by driving the contents of the intestines above the strangulation forcibly against the incarcerated portion, and causing irritation or inflammation in the contents of the sac, and sometimes extravasation of fæces into the peritoneum. In such cases opium given by the mouth or morphine hypodermically, combined with external emollients, frequently suffices to reduce the swelling and enable the surgeon safely to repeat the taxis and reduce the hernia, or if irreducible, restore the permeability of the gut.

CASE I.—Woman, aged seventy-five years. Irreducible

femoral hernia of left side. Not being able to have a passage of the bowels, and having other symptoms of strangulation, she took a cathartic and used injections, with the result of aggravating the symptoms of strangulation. When the writer was called, he was not informed that the hernia had been irreducible for years. There was a swelling in the groin, of the size and shape of a cucumber, six inches long, of an angry red color, and very sensitive to the touch. The woman had vomited repeatedly. After moderate taxis, without any result, she was directed to take half a grain of opium every six hours, or oftener if necessary to control the pain, and to anoint the tumor and adjacent parts with belladonna ointment, and to apply flaxseed poultices over the tumor and the whole of the abdomen below the naval. This treatment was continued for three days, when the poultices were abandoned, and the lower part of the abdomen and the tumor were painted with collodion so as to form a thick investment. On the sixth day of the opium treatment she had five spontaneous movements, and on the seventh the swelling was soft, small in size, and little sensitive to the touch. All the symptoms of strangulation, except confinement of the bowels, passed away after the first few doses of opium.

A physician of Beirut informed the writer of a similar case, with a parallel result.

CASE II.—Man, aged sixty-five years, corpulent, with large oblique inguinal hernia. The taxis produced no benefit, and as the symptoms were urgent a cutting operation was proposed. The family, however, utterly refused to permit the operation. He was then put upon the treatment above described, with the exception of the collodion. In this case fecal vomiting had occurred, and all the symptoms of strangulation were well pronounced. After seven days of the opium treatment the hernia was reduced spontaneously.

4. *Tumefaction of the ileocaecal valve.*—This condition sometimes causes quite sudden obstruction with pain and tenderness over the region of the valve, followed by distention of the small intestines and colic. In such cases ca-

thartics usually do harm by propelling the intestinal contents against an impassable barrier. The opium treatment is the sheet anchor in this class of cases.

CASE III.—Man, aged thirty-five years, was conscious of an obstruction which he was unable to attribute to any cause. He was treated by a physician, at first with cathartics in repeated doses and numerous injections, with no result except an alarming increase of pain and tenderness and swelling in the cæcal region. The same physician then ordered twenty-leeches and flaxseed poultices, and told the patient that he had a cæcal abscess which must be opened. The writer, being called to perform this service, but not finding the symptoms of an abscess, but those of an ileocæcal obstruction, ordered six grains of Dover's powder to be taken at once, and after that three grains every three hours until the pain should have subsided, and thereafter when the colicky pain should return. This treatment was continued three days, with the use of large poultices over the right side of the abdomen, and on the third day he had a free passage of the bowels, after which all the symptoms disappeared.

CASE IV.—Man, aged thirty years, was suddenly attacked with constipation and retention of urine. He took a powerful cathartic on his own responsibility, but vomited it up without any catharsis. He injected himself repeatedly with no effect, except to increase the colic and swelling, as even the water of the injection remained in the large intestines. After twelve hours from the onset of the symptoms the writer was called. At that time the countenance of the patient was anxious, his belly distended and tympanitic, his pulse 100 and temperature $102\frac{1}{2}^{\circ}$ F. The swelling was greatest in the cæcal region, where there was also great tenderness on pressure. The urine was drawn with a catheter and twenty-leeches applied to the tender spot, and belladonna ointment and poultices ordered over the lower and right side of the abdomen. Three grains of Dover's powder were administered every three hours. The first dose was vomited, but after that the remedy was retained. The colicky pains began to

subside from the first dose, and the belly became softer. Only nine grains of Dover's powder were taken during the first twenty-six hours. The second day the pulse was 96, the temperature 102° F., and the tenderness and tympanites diminished. He was directed to take the Dover's powder only when the pain was severe. He continued in this way to control the pain by the opiate for six days, during which he took in all about a drachm of Dover's powder. The pulse fell by degrees to 84, and the temperature to 100½°. During the sixth evening after the beginning of the treatment he had two copious and very offensive stools, and was by them entirely relieved of the tympanites, and of most of the tenderness and colic. The facial anxiety had quite disappeared. He was directed to take twenty drops of castor oil every two hours until he should have a free passage of the bowels. After a free motion from the oil during the night he was quite relieved of the remaining symptoms.

CASE V.—The same individual had a similar attack some months later, without retention of the urine, and recovered after the use of the same treatment as before, except that morphine was used instead of Dover's powder. The treatment was persevered in for a week before the bowels were moved. Other cases of a similar nature have been treated in a similar manner, with equally good results.

In all of the above cases the diet was broth and milk alone until after there had been a free evacuation of the bowels.

It will be plain to the reader that the use of opium in all these cases rests upon the same basis, and has for its object keeping the irritated or congested or inflamed part still, until the irritation shall have subsided or the congestion or inflammation been subdued, after which the calibre of the bowel is restored, and natural peristalsis clears it of its contents.

A consideration of the dangers of strangulated hernia, and obstruction owing to swelling of the ileocæcal valve, shows us that they are not referable to the incarceration of the fæces several days, inasmuch as this condition obtains in some persons of constipated habit for ten days at a time. Moreover,

the surgeon produces constipation by opium ten days or more after operations for vesico-vaginal fistula or recto-vaginal fistula, and the physician does the same in inflammation of the peritoneum. The real danger lies in the inflammation of the bowel or omentum, or their sloughing, or in inflammation of the peritoneum, owing to rupture of the bowel or bruising from taxis. In all these states, excepting gangrene, the opium treatment is valuable; and even in cases of gangrene it may do good by stopping peristalsis until the lymph effused around the gangrened part has attained consistency enough to prevent extravasation into the peritoneum.

5. *Invagination* of the ileum into the colon, or of a portion of the colon into the remainder. This state is a difficult one to diagnosticate, unless the invaginated gut is passed by the rectum or detected by the finger or the endoscope, or by abdominal section. In cases where this is suspected, I believe that the opium treatment is quite rational, having for its object and limit the subduing of the pain and arresting of peristalsis. The reasonableness of this treatment will appear from a contemplation of one of the natural cures for invagination, which is by sloughing of the intussuscepted part, and its passage per rectum. Nothing can be more obvious than the necessity of inducing a state of perfect rest of all the parts involved until the connection between the peritoneum above and below the invagination has been made secure by abundant deposit and sufficient organization of plastic lymph to prevent effusion into the cavity of the abdomen, and to lessen septic absorption. Beside all this, the opium allays the colic and diminishes the tenderness, symptoms the severity of which affords a fair indication of the gravity of each individual case. It need not be said that the opium treatment is one requiring the close supervision of the medical attendant and his utmost vigilance, lest it should mask symptoms calling for an operation.

6. *Spasmodic colic* may resemble the foregoing states. It occurs generally in people of constipated habit, and, although calling for active cathartics, is well treated by a preliminary

hypodermic injection of morphia over the seat of pain.

CASE VI.—A man of constipated habit, who could hardly have a movement of the bowels without some medication, was attacked with severe pain in the right hypochondrium, in front of the angle of the ascending and transverse colon, accompanied with vomiting and severe general disturbance. In this case a hypodermic of one-third of a grain of morphine was injected over the seat of pain, as a preliminary to the use of a cathartic and injection. The same course was pursued in subsequent attacks, and always with the result of facilitating the relaxation of the spasm and the purgative action of the cathartic.

In all cases except the last it is best to administer opium by the mouth, owing to its action on the intestinal mucous membrane and muscular coat, as well as the peritoneum. In the case of spasmodic colic I prefer the anti-spasmodic effect of the subcutaneous injection, without the astringent and sedative effect on the mucous membrane produced by opium taken by the mouth, which interferes with the operation of a cathartic.—*The Medical Record*.

MEDICAL JURISPRUDENCE.

Some Legal Responsibilities and Duties of the Medical Practitioner.

BY N. GRIER MOORE, ESQ., ATTORNEY-AT-LAW, PEORIA, ILL.

WITHOUT being technical, or going at all into detail, I venture to condense for practical use some of the duties and responsibilities which a physician or surgeon assumes, *nolens volens*, when he hangs out his sign.

The law assumes in every case that the practitioner understands his legal liability, and will not permit him to make ignorance of it a defense. It is important, therefore, to avoid the rocks, he should have a chart of the sea he sails. It is my object to give the general rules on such subject, and to pass over, at least for the present, the modifications, distinctions and exceptions. To make myself intelligible, I will keep the subjects, as nearly as possible, distinct and separate.

I.

The Practitioner Warrants to the Public that he is Possessed of the Amount of Skill and Learning that Ordinarily Characterizes his Profession.

The language of the Supreme Court of Maine, stating the law on this subject, is sufficiently definite for the purpose of such an article as this, viz. :—

“This rule does not require that he should have the highest skill or largest experience, or most thorough education, equal to the most eminent of the profession in the whole country; but it does require that he should not, when uneducated, ignorant and unfitted, palm himself off as a professional man, well qualified, and go on blindly and recklessly to administer medicines, or perform surgical operations.”¹

II.

The Practitioner Must Keep Pace with the Advancing and Expanding Standard of Skill and Learning in his Profession.

It seems that not only is it most proper and profitable that he should follow the advancing and expanding standard of professional skill and learning, but it is his bounden duty to do so for his own protection. If discarded remedies be applied injuriously, it will be no defense that the practitioner was still ordinarily well-skilled in his profession as it stood a quarter of a century ago. He must progress with it. It was said in a Pennsylvania case:—

“In judging of the degree of skill in a given case, regard is to be had to the advanced state of the profession at the time. Discoveries in the natural sciences for the last half century have exerted a sensible influence on all the learned professions, but especially on that of medicine, whose circle of truths has been relatively much enlarged. And besides, there has been a positive progress in that profession, resulting from the studies, the experiments and the diversified practice of its professors. The patient is entitled to the benefit of these increased lights. The physician or surgeon who assumes to

¹*Patten vs. Wiggin*, 51 Maine Rep., 594.

exercise the healing art is bound to be up to the improvements of the day. The standard of ordinary skill is on the advance, and he who would not be found wanting must apply himself with all diligence to the most accredited sources of knowledge."²

III.

There being Different Theories of Medicine, the Practice of a Physician is to be Tested by the Standard of the School to which he Adheres.

This is on the principle that when a physician is called it is understood between him and his patient that his course of treatment will be based on the system of his school, and is, therefore, practically, a matter of contract.³ It would be plainly unfair to submit to treatment by a homoeopathist and then prove by an allopath that the remedies used were ill-chosen and not able in any case to cure.

IV.

*If, in Practice, a Uniform Course of Treatment has been Settled upon and Adopted in the Case of a Particular Disease or Injury, this Would be Held the Law of that Particular Case, and any Deviation from it would be at the Peril of the Practitioner.*⁴

In an English case a surgeon of wide reputation and marked ability, experimented with an appliance of his own invention in the treatment of an injury, and, it proving unsuccessful, in an action for malpractice the court said in substance: "He who acts rashly acts ignorantly, and though the defendant be, in general, as skillful in his profession as any gentleman in England, he acted ignorantly, rashly and unskillfully, contrary to the known rules and usages of surgery."⁵

Surgery being to some extent a mechanical art, a case like the above could be easier ascertained and proved than in medical practice, but doubtless if a similar case of unsuccessful

²Lewis J. in *McCandless vs. McWha*, 22 Pa., St., 269.

³*Patten vs. Wiggin*, 51 Maine, 594.

⁴*McCandless vs. McWha*, 22 Pa., St., 269.

⁵*Slater vs. Baker*, 2 Wilson, 359.

ful experiment in the prescription of medicines could be shown, the same result would follow. This might seem to some a severe rule, as handicapping the profession, but a thought of the possible result if the field were thrown open for experiments on the human body with treacherous and untried drugs, will show the propriety of the limitation.

V.

Practitioners Incur Considerable Risk by Giving Patients Erroneous Information as to the Nature of their Maladies.

The danger is readily seen upon an inspection of the following case: A surgeon was treating a diseased and swollen foot and ankle, and directed his patient to observe absolute rest. The patient disregarded his orders, and, as it turned out, his disease became worse, whereupon he sued his attendant for malpractice. The defendant proved that the patient had disobeyed express instructions. This, the court held, would have been a good defense, as the patient is bound to obey the proper directions of his physician, but the patient contended that he had been misinformed as to his disease, but, if he had known the truth, he would have obeyed directions, and it was held by the court that that was a proper subject of inquiry, and might bear strongly on the question whether the patient had by his negligence contributed to the damage.

VI.

If a Physician Carry Disease into a Family he is Liable for the Loss, Expense and Bodily Suffering that Results therefrom.

The rule as thus stated has not yet been elaborately discussed, and may hereafter be somewhat modified, but in a Kentucky case, where a physician sued for the amount of his bill, and it was decided that the patient might offset not only the value of the services made directly necessary by the physician's want of proper care, but also damages sufficient to reimburse the patient for his bodily suffering, expense and loss of time.⁷ As an offset is practically a cross suit, it would

⁶*Geiselman vs. Scott*, 25 Ohio, 86.

⁷*Piper vs. Menifee*, 12 B. Monroe, 464.

doubtless be held under that rule that the patient might directly sue the physician and recover for the same items of loss and damage.

VII.

It is the Physician's Duty to Carefully Guard his Patient's Confidence and Secrets.

In a case which I recently saw, but which I am unable now to put my hand on, it seemed that a physician was called in an obstetrical case, and, his usual assistant being absent, took with him a young friend, not a physician, but whom he introduced as such. There was nothing to add aggravation to these simple facts, as I remember the case, but when the lady subsequently learned of the deception she brought suit against the physician for damages, and was allowed to recover, the court saying that the mere act of introducing a non-practitioner into her room in such a case was a betrayal of confidence, a shock and injury to her feelings and a positive damage, for which she should be recompensed. It would seem that by the same rule a mere exposure of secrets learned in the confidential relation of physician and patient should be followed by like consequences.

There are many other legal rights and liabilities of physicians and surgeons, which I have no space or time to mention. The above are general in terms, and subject, as I said at the outset, to modification and exception, yet are, as I believe, correct in substance, as the law now stands.

GERMAN SURGERY.

FROM a private letter to Dr. J. H. McClelland, Pittsburgh, Pa., from his brother (who is spending the winter in Germany, dividing his time between Vienna and Berlin), which was read by request before the Allegheny County, Pa., Society, we are permitted to make a few extracts. As this letter was not intended for publication, due allowance will be made for its conversational style. The doctor says: "It is no wonder that Billroth does remarkable operations. In the first place

he is responsible to no one; there is nobody to question him and to ask, why do you do this, or why do that? The patient has not a word to say in the matter. If Billroth determines to do an operation, that is the end of it; he is supreme. If the patient recovers, all right; if he dies, all right; not a particle of difference either way. I do not know if he even has any particular satisfaction in the recovery of the patient; it all lies in the fact of having done the operation. In the second place, Billroth has been first professor for years. He has the most abundant material for all classes, qualities and kinds. He does all kinds of surgery, including everything relating to the female generative tract. There is no specialty of gynecology of any consequence here. There is not a day in the year, and has not been for years, that Billroth has not done major operations. I do not mean amputations of limbs or resection of joints—he would not look at such a thing. Why! he whips out a goitre as a sort of by-play while the patient is being etherized. To take out a tongue is easy for him and he ties the lingual arteries on both sides with the utmost ease. So exceedingly familiar is he with the topographical anatomy of the body that he rarely uses a director, but cuts right down to the place. He stops at nothing. The other day he was removing a cancerous ovary which was found to be adherent to the bladder and part of the small intestine. Does he stop? No! He cuts out a section of the bladder, stitches it up, cuts off seven inches of the intestine, stitches the ends together, removes the growth, closes the wound, and the woman recovers. I saw a man in the ward with a cancer of the stomach at the pyloric end, and after opening the abdomen, he found the disease so extensive, involving so much, that he could not remove the growth at all? Does he close up the wound? Not he! He cuts down to the healthy gut, snips it off, cuts a hole into the healthy part of the stomach, stitches the gut to it, and the man is getting fat! Now I say that, to be sure, they are wonderful operations; but why shouldn't they be? Billroth has attained this boldness and amazing skill in surgery by

easy stages and after years of daily operating. Another thing, if he proposes doing an operation a little new or out of the way, he has one cadaver or a dozen to experiment upon, if he wants them, at any time or hour of the day. There are twenty to thirty bodies in the pathological rooms every morning.

I am devoting myself principally to the use of the laryngoscope, together with auscultation and percussion, and a course on syphilis.

In Heitler's ward I was given a case to diagnose which proved to be pleurisy with large effusion. When I asked for treatment, he said the patient will get no medicine. And though the chest was bulged out enormously, he would not tap, because he said it was bad practice. The patient did well. They give no medicine for pneumonia, except "may be a little *Ipecac.*" You would be amazed at the number of old school doctors (the younger ones I meet here) who are sceptical as to the efficacy of medicine. Though we are generally known as homoeopaths, we are treated with the greatest cordiality. The only bigotry I can observe is in the United States.

Volkmann, of Halle, one of the very remarkable joint surgeons of the continent, cuts right plumb into a joint, knee, hip or elbow, and has good results.

The structure of hospitals here offers nothing that I can observe that would be of benefit to us. The buildings are very plain, ventilation poor, the heating apparatus being simply a stove in each ward, and everything rather of a primitive order. Yet, I presume, the mortality is no larger than at Roosevelt or the Pennsylvania Hospitals. As I have said, very little medicine is given.

The great antiseptic is *Iodoform*. It is used in every operation, and every character of sore. After the operation is over the wound is covered with fine mosquito netting, dusted full of *Iodoform*, so that it looks like yellow mosquito bar; then absorbent cotton is next applied, following this, cloths wet with carbolized water, and over all the roller band-

age. When operations for a cancerous vagina or os are done, the vagina is stuffed with *Iodoform* tampons, and the wound not looked at for days. When the dressings are removed they are sweet and pure. Old cancerous sores are dusted over with *Iodoform*. One day I saw an assistant blowing *Iodoform* into a cancerous mouth. There was not a particle of smell from it, although hitherto the ward was made unbearable with it.

All of Billroth's operations are thoroughly Listerized, except the spray. The instruments are constantly submerged in carbolized water, contained in shallow brass trays. Little tampons of cotton wet with carbolized water are used for wiping off the surroundings and washing away the blood. Before the operation is begun the skin at the seat of operation is most thoroughly scrubbed with carbolized soap.

Dr. Seip and myself have secured places under the famous Martin, of Berlin, for January and February. We consider ourselves extremely fortunate, as he takes but a very limited number of students.—*New York Medical Times*.

ASTHMA AND ITS TREATMENT.

BY A. B. ALLEN, M. D., JERSEYVILLE, ILL.

ASTHMA is the symptom of an enlarged thymus gland pressing upon the pneumo-gastric nerve. It is quite frequent in children, as the thymus gland is large in infancy and childhood, and is gradually absorbed throughout life, until in old age it is almost entirely absent, hence the origin of "the child will outgrow it." In adult asthmatics we find this absorbing process of nature has either been tardy or supplanted by a deposit of fat in the mediastinum. This constant pressure can be borne without any perceptible inconvenience when there is but a normal nervous action required, but any violent exercise or sudden outbursts of grief, joy or temper is almost certain to bring on a paroxysm. In fact, any of the various causes that would affect the nervous system, either emotional or climatic, is sufficient exciting cause. Now, what are the first steps in the cure—relieve the rigidity of the glottis and

the contracted intercostals and diaphragm. Sulphuric ether, a diffusible stimulant, narcotic and anti-spasmodic is indicated. Tincture lobelia and tincture stramonium control the respiratory nerves, and is thus specifically indicated to control the spasmodic circular contractions of the smaller bronchial tubes. Tincture opii, for its speedy anodyne action.

R Ether, $1\frac{1}{2}$ ounces.

Tincture lobelia, 1 ounce.

Tincture opii,

Tincture stramonia, aa. $\frac{1}{2}$ ounce.

M. Sig.—A teaspoonful every hour until nausea results.

[NOTE.—This prescription can be varied according to the temperament and severity of the case.

Second, constitutional treatment; iodide potassium to produce absorption of the gland and fatty deposit; ammonia, general stimulant, expectorant, diaphoretic and alkaline; belladonna as an anodyne and anti-convulsive; cinchona, tonic, improve the general health and along with it restore the wounded trunk of the nerve as fast as the gland is absorbed. Hence the following:—

R Iodide potassa, 2 scruples.

Spirits ammonia, 5 drachms.

Tincture belladonna, 1 drachm.

Tincture comp. cinchona, 2 ounces.

Aqua peppermint, 4 ounces.

M. Sig.—A wineglassful three times a day.

COLOR-BLINDNESS FROM A CEREBRAL LESION.

BY N. E. BRILL, M. D., NEW YORK CITY.

THE following case presents some points of interest: Edward T. aged sixty-three, native of Ireland. I first saw the patient with Dr. C. E. Billington, who had treated him from the beginning of his illness, and who, on this day, October 24, 1881, turned him over to me. The patient was taken ill in the previous month, the advent of the attack being sudden and accompanied by loss of power and sensa-

tion. From the account which I first obtained from him and his sister, the commencement of the attack was marked by sudden paralysis and loss of consciousness, the patient falling in the street, which view, some bruises on his hand and leg would tend to confirm. On closer inquiry I elicited the fact that he felt ill in the morning on going to work, and that he lost the power of co-ordinating his muscles since he said "he staggered and reeled about as if he were drunk." He therefore ceased work and managed to reach his home, but how he knows not, for his consciousness became lost from the time he left his place of employment. His mind remained a blank for the subsequent couple of days.

When I first saw him he had right hemiplegia. Facial paralysis on the same side was well marked. The right corner of his mouth was much lower than the left; the tongue deviated to the left.

The anæsthesia was much more pronounced than the loss of motive power, for he could move his right upper and lower extremities quite well; but the loss of sensation was not absolute, he distinguishing the points of the æsthesiometer at a distance of two and a half inches on right as compared with one-half inch on left side.

I had not a dynamometer with me to measure the muscular strength of his hands, but there seemed to be no difference in the force of the grasp which he gave to my hand seized alternately by each hand.

The temperature of either side of the body as taken in the axillæ was the same. He suffered from incontinence of urine which annoyed him exceedingly. The urine had a specific gravity of 1017, was pale in color, alkaline in reaction, and contained pus and triple phosphates. The presence of the pus was due to a slight cystitis. The urine itself contained no albumen, nor did a microscopical examination reveal any casts or other evidences of renal disease.

His bowels were constipated. His arteries at the wrist were hard, his temporal arteries serpentine, thus giving evidences of atheromatous degeneration in them. The tendon-

reflex was more marked on the right as compared with the left side.

These conditions remained thus for some weeks, when symptoms of irritation from the cerebral lesion made their appearance. Hyperæsthesia of the thigh which was formerly anæsthetic was now noted. Tremor in the paralyzed side became apparent. Headache, restlessness and insomnia gave not infrequent occasion for more or less complaint. Tinnitus aurium and dazzling before the eyes were at times present. His thoughts became dulled and his mind not at all clear. His sight which was, previous to the attack, very good, was interfered with; and "everything," he said, "now appeared dull and hazy." He had diplopia. On the day that I first noticed the above symptoms of cerebral irritation and remarked the defect in his vision, I accidentally asked him to name the color of a scarf which I wore, which was dark blue and covered with small yellow spots. This tie he took to be red in color. It was at first difficult to have him answer to the names of the various colors on account of the presence of a slight amnesic aphasia. This aphasia was most marked in regard to names of colors, not in regard to contours, for he would compare colors to the tints of common objects like harness.

I saw the patient last on February 23, 1882, and on that occasion took my friend, Dr. Spitzka, with me to give me his opinion in regard to the case. We now examined him more minutely in regard to his color-blindness, using the colors of the spectrum as a test, and discovered that he failed entirely to recognize the green. Before his attack he could always distinguish this color, and as he worked for over thirty years on the "Harlem River Railroad," he was frequently compelled to put his perception of the colors of red and green to the test, and was never found to be deficient in their recognition. But now he was doubtful as to whether violet was greenish or bluish. He said green was red or rather pinkish. Red or yellow he was not at any time mistaken about.

Retraction of the paralyzed muscles had now set in, together with a constant tremor of the hemiplegic extremities. In the thumb of the left hand was noticed an athetoid tremor synchronous with that of the paralyzed arm.

The facial paralysis, now better marked than at first, is accompanied by a constant dribbling of saliva from the paretic corner of his mouth.

He is now also exceedingly emotional and is slow in answering questions which are asked of him, and to which he replies with much effort.

It seems to me there can be little doubt that a somewhat extensive lesion had resulted from nutritive disturbances, and involved the fibres corresponding to the posterior half of the middle third, and the posterior third of the internal capsule, in their infra-cortical expansion. The amnesia with regard to the names of colors is an interesting point, particularly when viewed in the light of Exner's researches, which seem to establish that a part of the speech field approaches very closely the visual area of the cortex.

As Dr. Bannister* in his excellent paper on color-blindness, whose views as to the psychical element entering into the question of color perception are supported by this case, states that he knows of no case where organic lesion produced color-blindness, I am induced to offer this brief account as a contribution to the subject. I may add, however, that color-blindness has been observed in sufferers from general paralysis of the insane.—*Chicago Medical Review*.

THE TOXIC EFFECTS OF IODOFORM.

HARDLY has the announcement been made that iodoform is a valuable antiseptic application to operation-wounds when cases are reported proving its positive toxic effects. The paper of Professor Sands in the present issue gives some very interesting facts in this direction, and helps to corroborate a similar experience on the part of several German surgeons.

*Journal of Nervous and Mental Disease, January, 1881.

It seems to be settled that, contrary to what was at first supposed, iodoform has positive toxic properties, and that it is quite necessary to use it with becoming caution. The cases related by our contributor are striking and instructive, and his comments on them are deserving the most careful consideration of all who have been inclined to make a free use of the drug upon freshly cut surfaces. The warning is timely, and will be heeded accordingly. Under certain circumstances iodoform is a most effective antiseptic application, and the great pity is that it has associated with it such a serious drawback. It is quite evident that cases should be selected with reference to certain wound conditions, and then the drug should be employed only in reasonable quantity. It appears to be safer when it is applied to open granulating surfaces than to fresh wounds. In fact, for more reasons than one, it does not seem to be applicable to wounds which are subsequently closed as on such in which union by first intention is looked for. Then again, idiosyncrasy appears to influence its toxic effects, as shown when very small quantities have been used with bad results. Thus far comparatively few cases of poisoning have been reported. They are sufficient in number, however, to be significant.

Some time ago, Oberländer (*Deutsche Zeitschrift für praktische Medecin*, xxxvii., 433) observed two cases of poisoning caused by iodoform administered internally. In one case 42 grammes were given in eighty days. The symptoms were vertigo, prostration, nausea, and vomiting; later, emotional excitement alternating with somnolence, spasm of the facial muscles and irregular respiration. In the second case, similar symptoms followed the use of 5 grammes, taken within a period of seven days. Both patients recovered.

In Billroth's clinic, Mikuliez (*Langenbeck's Archiv.*, vol. i., 1881) met with several cases of acute intoxication of a mild character, and two chronic cases that ended fatally. Case 1 was a child, aged nine, in which a cold abscess of the thigh was opened, scraped, and filled with 40 grammes of iodoform. Bad symptoms appeared on the twentieth day—death on the

twenty-eighth. Case 2 was a child of five years of age, in which resection of hip had been performed, the wound was filled with 120 grammes of iodoform; symptoms of meningitis appeared on the twentieth day, and death on the twenty-fifth day. The autopsy showed no lesions.

Henry (*Deutsche Med. Wochenschrift*, 1881, No. 34), reports two fatal cases (1), a man, fifty-seven years of age, intemperate; (2), a woman aged sixty-three years, weakly. Both operations were for caries. In No. 1, 150 to 200 grammes were used; two days later cerebral symptoms appeared, and death occurred six days after operation. The symptoms were those of mania, viz.: headache, drowsiness, followed by coma, rapid pulse, and paralysis of sphincter. In case 2, same symptoms, on ninth day, after employment of 100 to 150 grammes; death sixteen days after operation. Autopsy showed fatty degeneration of heart, cloudy swelling of liver and kidneys.

Schede, of Hamburg (*Centralblatt für Chirurgie*, January 21, 1882), gives fatal case of a child, aged nine years. The operation was for resection of hip. The wound was filled with iodoform; three weeks later cerebral excitement was followed by coma, and death after four days' illness. The autopsy was negative.

Hoefmann (*Centralblatt, etc.*, February 18, 1882), out of one thousand cases, had two of poisoning, both fatal. Case 1 was extensive wound after extirpation of recurrent mammary cancer; the quantity of iodoform used was 35 grammes. Mania occurred on the third day and death on the ninth day. There was no autopsy. Case 2 was one of ovariectomy, 20 grammes applied; mania occurred on the second day and death on the third.

Koenig (*Centralblatt, etc.*, February 18 and 25, 1882,) reports thirty-two cases; fifteen of slight intoxication, six severe, seven fatal (all adults); and four cases of children, two fatal; smallest quantity used in fatal cases, 10 to 15 grammes.

It is quite important that other surgeons should report

cases which have suffered from the poisonous effects of the antiseptic, in order that the indications for its employment may be clearly marked out, and its evil effects guarded against. It is certainly an efficient antiseptic in proper cases, and should not be discarded without further trial.—*Medical Record*.

INFLUENCE OF ANÆSTHETICS ON THE HEART, AND ON THE ANTAGONISMS OF POISONS.

DR. RINGER has recently published two papers (*Practitioner*, June and July, 1881), which throw considerable light on the action of anæsthetics on the heart and incidentally on the vexed question of antagonism. The observations were made with Roy's apparatus, a description of which will be found in Dr. Roy's paper "On the Influences which Modify the Work of the Heart" (*Jour. of Physiol.*, vol. i, p. 462). Considerable difficulties have hitherto been experienced in working this apparatus, arising chiefly from the inconvenience of having to obtain fresh blood for each experiment.

Dr. Ringer finds that the dessicated defebrinated bullock's blood, imported by Parke, Davis & Co., of Detroit, Michigan, answers the purpose admirably. It can be readily obtained, as it is frequently used for enemata in cases of gastric ulcer, etc. For physiological purposes it is dissolved in distilled water, and then diluted with saline, one part of blood-mixture being used to two of salt solution. In each experiment three ounces were used, the same blood being employed in the same series of observations, so that the poison and its antidote were intermixed.

Chloroform acts powerfully on the ventricle of the frog's heart. Like lactic acid, muscarin and jaborandi, it lessens both the height and duration of trace until, finally, the heart is arrested in diastole. In one experiment, a minim of chloroform nearly stopped the ventricle; and when the heart had almost ceased beating, the addition of ten-minim doses of strong solution of ammonia at once restored its action, until the contractions became almost as powerful as at first. The

addition of ten drops of chloroform, demonstrates most conclusively the mutual antagonism existing between chloroform and ammonia.

It is clear that chloroform does not arrest the ventricle by stimulating the inhibitory apparatus, for the portion of the heart employed contains no inhibitory nerves. Chloroform clearly paralyzes the muscular substance of the heart, for it is well known that the muscular tissue will beat rhythmically without the presence of nervous ganglia. It is evident, therefore, that, did the chloroform paralyze only the ganglia of the ventricle, the ventricle itself would still continue to beat. Further experiments made with the lower half only of the ventricle render this certain, the ganglionless and nerveless portion being affected in exactly the same way as the whole ventricle.

Atropia does not antagonize the action of chloroform on the ventricle; nor will the previous addition of atropia prevent the action of the chloroform. Ethidene-dichloride affects the ventricle in exactly the same way as chloroform. Ether affects the heart in a far less degree than either chloroform or ethidene-dichloride. Large doses accelerate the heart's action, and make each beat a little weaker; but the amount of work done is considerably greater, the increased frequency more than compensating for the diminished force of each contraction. Ammonia and ether, like chloroform and ammonia, are mutually antagonistic as regards the whole ventricle. Bromide of ethyl arrests the ventricle acting on the muscular substance. It is far less powerful than chloroform, but more poisonous than ether.

Iodoform and ammonia are mutually antagonistic, as shown by their action on the ventricle. A fifth of a grain of iodoform nearly stopped the heart, and then ten-minims of a one per cent. solution of strong ammonia restored the contractions, which were again arrested by another dose of iodoform. This was repeated on the same heart three successive times.

The importance of these observations cannot be overesti-

mated, throwing as they do a new light on the whole subject of antagonisms. Rossbach (Pfluger's *Archiv*, Band xxi Heft 1, page 1, 1879) contends that drugs are never mutually antagonistic. He maintains that when a tissue is paralyzed by one poison, it is impossible to stimulate it by another. For instance, whilst atropia, he says, antagonizes pilocarpine, pilocarpine cannot antagonize atropine; atropia paralyzes the sweat apparatus, and pilocarpine is no longer able to stimulate it into action. He admits that after small doses of atropia pilocarpine can produce sweating, and this he explains by assuming that atropia paralyzes first the nerve of the sweat gland, and later, the gland apparatus itself. After a small dose of atropia the nerve only is paralyzed, and then the pilocarpine can still stimulate the glandular cells; but a large dose of atropia paralyzes the cells also, and then pilocarpine is powerless.

Dr. Ringer's recent experiments demonstrate the fallacy of this argument. The lower half of the ventricle consists of only one substance, muscular tissue, so that the antagonism cannot be due to an action on different structures.—*London Medical Record*, Oct. 15, 1881.

INCISION OF THE PERICARDIUM.

ROSENSTEIN reports the following case, which was briefly alluded to in the *Journal* of November 10, 1881: The patient was a boy ten years old. He had enjoyed good health till fourteen days before administration, since which he had suffered from gastric symptoms, cough, feverishness, and had taken to his bed. On admission his cheeks were white, lips and tongue pale red; skin moist; temperature 99.6° F.; pulse 108, small, very soft, regular; respiration forty, costo-abdominal; the left side of the chest in the mammary region bulged outwards, the apex beat could be neither seen nor felt, and the heart sounds were inaudible everywhere; percussion defined an area of dullness, roughly triangular, with the base downwards, commencing in the second left intercostal space, and extending on the left to the axillary line.

on the right as far as the nipple; change from the recumbent to the sitting posture did not alter the shape or size of the dull area; the lungs were normal; the liver was pushed outwards; the spleen was not enlarged; the bowels were regular; the urine was not albuminous. An exploratory puncture with Pravaz's syringe drew off a small quantity of pure pus, and on the evening of the same day urgent dyspnoea suggested the propriety of paracentesis, which was performed in the fourth interspace, close to the sternum, and more than twenty ounces of pure pus drawn off. The operation was followed by great relief, but of short duration. Fever of an intermittent type appeared, the evening temperature being 102.9° F., the pulse grew more frequent, and the urine became greatly diminished. This was due to serous effusion in the left pleural cavity, and as in a few days the dullness reached the supra-spinous fossa, the fluid (more than a quart), was removed by aspiration. A second puncture of the pericardium succeeded in removing only four ounces of pus. Percussion showed that the dull area varied with the posture; on sitting up it was two centimetres higher than on lying down. The heart sounds were feebly audible, and accompanied by slight friction. The general state of the patient was unsatisfactory. He slept badly, although the fever was slight (temperature 99.3° to 100.4° F.); his appetite was bad; the pulse was 120, small, irregular, unequal, and paradoxical; the respirations were forty-four, with orthopnoea; the lips and cheeks were cyanosed; the veins of the neck were swollen; there was some cedema of the scrotum and feet; the urine was scanty, but free from albumen. After consultation an incision was made in the fourth inter-space, near the sternum, a little more than an inch in length, under strict antiseptic precautions, dissecting down layer by layer until the pericardium was exposed; this was punctured with the point of the knife, and the opening enlarged with a probe-pointed bistoury. A great quantity of pus escaped. Two drainage tubes were put in the wound, and Lister's dressing applied. The effect on the subjective condition of the patient was considerable, but the

pulse remained very low; and the urine scanty. On the day after the operation the temperature was 100.04° F.; the dressings were changed on second, fourth, and seventh days. The pulse had now become regular, of fair volume, and the œdema had disappeared; the heart sounds were now distinctly heard, accompanied by friction. On the 20th day after the operation, the pericardial wound was healed. The left pleural cavity again became the seat of effusion, which was not purulent; afterwards a quart was removed without much improvement, and, the fever having recurred, an incision was made, and fifty ounces evacuated, after which the patient remained free from fever, and was discharged two and a half months after the pericardial incision.

Professor Rosenstein draws the following conclusions from this case: 1. Purulent pericarditis, like empyema, may occur without rise of temperature or œdema of the surface, so that only puncture can decide the diagnosis. 2. The fear of some obscure changes in the myocardium should not deter us from evacuating such exudations. 3. In accumulation of large quantities of fluid in the pericardium, change of posture may have no influence on the shape of the dullness.—*Berl. klin. Woch.*—*Boston Med. and Surg. Journal.*

Extirpation of the Lung.

THE latest attempt to extend the domain of surgery, at any rate, as regards the lower animals, is the removal of the lung. Gluck appears to have first conceived the idea that so tremendous an operation might be endured, and after some experiments on dead bodies, he performed the operation on dogs, and found that it was fairly well borne, and that the animal might recover perfectly. When death occurred it was due to pericarditis or to pleurisy on the remaining side. He believes that in man diseases of the lungs are not so far recovered from surgical interference as is commonly believed, and that the excision of a diseased lung or part of a lung, under certain circumstances, be a justifiable operation. Analogous experiments have been made by Schmid. On eight

dogs operated on, five died from two to three days after the operation; three of the animals recovered. Schmid concludes that the lung can be operated on without special mechanical difficulties and without important hemorrhages. He has practised a similar operation on the human (dead) body, and found that after resection of two or three ribs there was no special difficulty. M. Marcus, in France, has been unsuccessful in his attempts to excise the whole lung in dogs, as the animals quickly die, but a rabbit survived the operation. These experiments may encourage the minor applications of surgery to the lung; but it may be doubted whether the excision of a part would ever be justifiable, since the diagnosis of malignant disease can rarely be made with such certainty and sufficiently early to permit its excision; and the applicability of the operation to the cases for which it is suggested by Schmid, tubercular disease of the apex, is manifestly absurd.—*London Lancet*.

Insanity from Scarlatina.

DR. J. G. KIERNAN (St. Louis *Clinical Record*, January, 1882,) after a careful examination and analysis of the cases of insanity from scarlatina reported by Shultz, Mendel, Rabuske, and those coming under his own observations, claims: First, That three groups of mental phenomena are produced by scarlatina, independently of delirium; two of them being classable as insanity, while the third cannot strictly be so classed. Second, That the first is a species of melancholia agitata, attended by hallucinations, and its inception is preceded by a decline to normal of the high temperature previously existing. Third, That the second group consists of cases of dementia, due to meningitis of scarlatinal origin, the patient passing from the hyperpyrexia of scarlatina to that of meningitis, on recovery from which he is found to be demented. Fourth, That the third group of patients shows either marked change from the character antecedent to the attack of scarlatina or else retain in after life some of the juvenile characteristics of the period prior to the attack of scarlet fever. It may readily

be supposed that under this fourth category of Kiernan might come the case of moral insanity reported by Bucknill and Tuke (*Psychological Medicine*, p. 257), as resulting from an attack of scarlet fever. The subject is one of interest, but has not attracted much attention hitherto from the profession.

Eye Affections Among the Indians.

DR. L. WEBSTER FOX (*Philadelphia Medical Times*, February 25, 1882,) has been examining the eyes of the Indians at the government school in Carlisle, Pennsylvania, and has found among twenty-seven tribes, of one hundred and sixty-one males and eighty-nine females, two hundred and thirty-seven emmetropes, four hypermetropes, six myopes and three cases of simple hypermetropic astigmatism. He concludes that certain diseases exist among the Indians, due to climatic influences. Vision is more acute, as a rule, than among whites. Errors of refraction and intraocular disease are developing among the elder pupils who have attended school for several years, and among the semi-civilized tribes, showing that excessive employment of the eyes in youth to near work has a tendency to develop myopia. Indians are less subject to color blindness than any race yet examined, and their acuity of color sense is due to color education in infancy. The palpebral aperture is smaller than in whites, and there is greater apparent diminution in the size of the eye-ball, which is also deeper in the orbit. There also exists greater flatness of the cornea, a shallower anterior chamber and smaller pupil. These researches are of interest from an anthropological standpoint.

Wound of the Left Lung

DR. L. E. HOLMES (*London Lancet*, February 19, 1882,) reports the case of a man, aged thirty-one, who was standing at the bottom of a shaft, two hundred and twenty-five feet deep, when he was struck between the superior angle of the left scapula and the spine by a drill, thirty-seven inches long, one and one-quarter in diameter, and weighing eight

and one-half pounds, which fell from the top. The drill entered two inches from the spine, passing downward and forward, emerged on a line with the left nipple, six inches from the sternum. It made a wound nearly eight and one-half inches in length. The patient, aided by another man, withdrew the drill, the head of which was much battered, and must have torn the lung and flesh very much in passing through. The patient was brought to an hospital, where he remained eight weeks; then finding himself strong enough, he went to his boarding-house. The two openings began to discharge offensive pus four or five days after admission, and were at first treated with carbolic acid injections (ten grains to the ounce). These becoming disagreeable to the patient, were discontinued. The lung was shrunken to two-thirds its usual size. The patient is otherwise as well as ever. There was not during the case any marked pleurisy nor any great amount of fever. The case is in many respects exceptional.

Prognosis in Cardiac Disease.

ACCORDING to Dr. J. Milner Fothergill (*Medical Register*, February 15, 1882), the views of the profession as to the prognosis in certain cases of valvular disease of the heart are undergoing very considerable changes in an optimistic direction. Not every murmur which may be heard over the heart is evidence that the patient is destined to a sudden death from the action of the cause that produces the sound, nor is it always evidence of organic cardiac disease. It is a grave symptom but its importance may be, and often is, exaggerated. It is probably produced by deformity in the cardiac valves; but anæmic aortic, and still more, pulmonary murmurs, are now generally recognized. Dr. Fothergill has observed cases of mitral murmurs which have existed for sixteen, fourteen, twenty-seven, and thirty-eight years, without developing any very alarming symptoms, and has recently reported the death of a case of aortic regurgitation, a rapidly fatal form of disease, which had not perceptibly advanced during twenty-five years of excessive activity. He reports cases of aortic ob-

struction of fourteen, sixteen, and eleven years' duration, of which the first only has as yet died. In conclusion, he observes that under proper treatment, and with care, a life of activity is practicable in many cases of cardiac disease, provided bodily exertion be avoided, or exercised moderately. While most of these facts are well known, still Dr. Fothergill's résumé is none the less valuable.

Medicinal Injections into Lung Substance.

DR EUGENE FRAENKEL, Hamburg, (*Deutsche Medicinische Wochenschrift* No. 4, 1882,) has been experimenting on the injection of medicinal substances into lung tissue, and is inclined to believe that an extension of this process will be attended by good results in cases of tuberculosis, or even in certain cases of chronic bronchitis and pneumonia. The procedure would seem to be a more direct means of reaching the affected tissue, than the present roundabout method of giving remedies through the mouth. At the same time there are certain results which might follow injection into the lung tissue that should lead to caution in any experiment. The lung seems of late to be attracting attention as an organ that has not been sufficiently made the subject of experiment.

CONNECTION BETWEEN NASAL AND UTERINE CATARRH.—Dr. G. E. Corbin, St. Johns, Mich.: In the *News* of Feb. 25, page 55, F. L. B. wants a diagnosis. I will not presume to diagnose his cases, but I will regard the fact that within the past year I have treated two cases where an intimate relation between nasal and uterine catarrh seemed to be unmistakable. In each of these cases, repeatedly and persistingly, topical treatment that benefited either condition, aggravated the other; while appropriate constitutional treatment mitigated each treatment alike. At various times, for years, I have had my attention arrested in this direction, but these two more recent cases, to my mind, seem conclusive.—*Michigan Medical News*.

Folie a Deux.

THIS peculiar psychological phenomenon which has been recently analyzed by Dr. Marandon de Montezel (*Annales Medico-Psychologiques*, January, 1881) has recently occurred in a very striking phase in the town of Andouille, France. Every member of a family of six persons has at the same time become insane. Father and mother, both sixty-four years old; the two sons, thirty and twenty-seven; the two daughters, twenty-eight and twenty-four years old, think they have been poisoned by witches, and that the devil is in their clothes. They see him constantly and everywhere, day and night, and as they assaulted everybody they met, it has become necessary to put the whole family in an insane asylum. This is probably an example of the two forms of folie a deux described by Montezel: Folie imposee and folie communiquee.

Temporary Blindness Following Parturition.

DR. H. J. CORDIER, Skeel's Cross Roads, O., writes: A somewhat anomalous and (to me) puzzling case came under my notice a short time ago, and I would be very thankful for an explanation. Mrs. M., a primipara, gave birth to a dead child about 9 o'clock Thursday evening. At 10 she began to complain of dimness of vision, which increased until about 2 o'clock, when she was pronounced blind. I saw her two hours after, and found her unable to distinguish anything, except a very bright light, which would appear to her as a very dim light. Her eyes appeared all right, although no ophthalmoscopic examination was made. She remained in this condition until Saturday evening, when she began to distinguish large objects, but could not see as well as usual until several days later. There were no hysterical symptoms (unless this was one), and all that seemed wrong was a nasal and frontal catarrh, with a slight elevation of temperature (101° F.) I gave her no medicine except one large dose (between twenty and thirty grains) of quinine sulph., with a little morph., a diaphoretic mixture, and cubeb cigarettes to smoke. At present her health and sight are good.

Dead Drunk.

DR. GREHOUT (*British Medical Journal*, January 28, 1882,) recently read an interesting communication before the Paris Biological Society, concerning what proportion of alcohol in the blood is necessary to produce death. He found that death occurs when the blood of the animal contains one part of absolute alcohol to one hundred of blood; that the alcohol acts directly on the constituent elements of the blood; that the condition known as dead drunk, exists when the drunkards continue drinking but when the alcohol ceases to be absorbed, and the blood presents the proportion of one part of alcohol to one hundred and ninety-five of blood. He believes that if direct death from alcohol is less frequent than might be expected, it is because that drunkards stop drinking when the proportion of one part absolute alcohol to one hundred and ninety-five parts blood, is reached.

IODOFORM INSANITY.—According to Max Schede (*Centralblatt für Chirurgie*, No. 3, 1882,) the use of iodoform externally, particularly in children, has been attended by marked physical symptoms even at times amounting to true insanity. General mental confusion has in at least two instances been traced to it, recovering when local applications of iodoform to wounds have been removed, and reappearing on their reapplication. He has had also one case of deep melancholia result from its use; two cases of raptus melancholicus and three cases of simple depression. It is probable that iodoform only has these effects in patients of a neuropathic diathesis.

GASTRIC DILATION IN DIAGNOSIS.—Dr. Rosenbach suggests (*Deutsche Medicinische Wochenschrift*, No. 2, 1882,) the distension of the stomach with carbonic acid developed from Seidlitz powders, taken separately, as a valuable means of examining the condition of the stomach and study of the abdomen. This procedure is not unlikely to be attended by serious results in case of gastric ulcer.

APOPLEXY AND COLD.—Dr. E. Bax (*L'Union Medicale du Nord Est*, February 15, 1882,) after a careful analysis of five personal cases and those reported in the literature, comes to the following conclusions: First, Apoplectic accidents are more frequent during winter than during any other season of the year. Second, The greater the intensity of the cold, the more numerous the cases of apoplexy. Third, Anæmia of the surface of the body, and consequent congestion of the viscera, particularly of the encephalic mass. Fifth, This congestion, if it does not produce death, may give rise to hæmorrhages which are more or less considerable as the vessels are more or less healthy. Sixth, It is more than probable that cold changes the anatomical constitution of the blood, and this is by no means without influence on the pathological phenomena coming under observation. It is difficult to see how most of these conclusions can be justified.

CALCIUM SULPHIDE IN AURAL DISEASE.—Calcium sulphide has been found by many general practitioners of much value in the treatment of suppuration. It is therefore not surprising that its use should have been attempted in suppurative inflammation of the middle ear. Dr. Sexton has found it of great value in cases of this kind, as also has Dr. Burnett, of Philadelphia. Dr. Roosa says he has never known calcium sulphide to have any effect whatever. Drs. Pomeroy and Webster claim to have demonstrated that sulphide of calcium is of no earthly use. The otologists certainly appear to differ as much as the medical experts lately so much berated.

TOO MUCH ORIGINALITY AND FORTUNE.—Dr. S. V. Clevenger, in a recent communication, makes the following citation from John Aubrey's "Lives of Eminent Persons:" "I have heard Dr. Harvey say that after his booke of the circulation of the blood came out, he fell mightily in his practice; 't was believed by the vulgar that he was cracked, and all the physitians were agaynst his opinions and enveyed him." Aubrey was at Harvey's funeral and "helpt carry him into the vault."